

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. LII.

THURSDAY, APRIL 19, 1855.

No. 11.

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ON THE CAUSE OF DEATH OF THE EMPEROR NICHOLAS.

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[Communicated for the Boston Medical and Surgical Journal.]

THE announcement of the Czar's death came so unexpectedly upon the belligerent nations of Europe, that all manner of secret causes were assigned to explain it. The rarity of a peaceful death among his predecessors, the importance of his agency in the war, and rumored discontents among his people, all pointed to assassination as the probable cause of his sudden decease. But we think the history of his sickness, notwithstanding the meagreness of the official bulletins, contains sufficient information for a diagnosis of his disease.

The following is a short history of the case from official accounts. The Czar was in the prime of life, at 58, and would have been selected from all Europe as the model of manly proportions. The only complaints he was subject to, were feelings of occasional oppression in the head and chest, doubtless owing to the unceasing activity of his brain, and his frequent exposure to severe cold. The unsuccessful and prolonged prosecution of the war kept both mind and body continually over-exerted, and rendered him peculiarly liable to the action of morbid causes; especially were the forces of the nervous system over-tasked, which sooner or later must end in proportional nervous depression. Among other recent exciting causes, was the intelligence that Sardinia had thrown off her neutrality and joined the Western Powers; he was entirely overcome with rage, and raved like a madman; no one dared oppose him, and the paroxysm was so violent and exhausting that it was feared he would lose his reason. In addition to this great nervous excitement, he had been suffering for some time (for how long is uncertain) with the "*grippe*" or influenza, an epidemic pulmonary catarrh, of considerable intensity. About the 18th of February his physician asked for a consultation, in view of the gravity of the symptoms. Notwithstanding the consultation, the particulars and results of which are unknown, the Emperor grew worse. On the 22d, there was great aggravation from want of sleep, increased

cough, and copious expectoration. In spite of the remonstrances of his physicians, though too ill to leave his room, he went out in very cold weather ( $20^{\circ}$  below zero of Fah.), and inspected some troops. This was on the 22d, and was the last time he was seen in public; he was evidently very unwell, coughed violently and expectorated excessively, and went away bathed in perspiration though the exercising house was far from warm. In the evening he complained of feeling cold, and kept his cloak on in the room. On the 23d, he transacted a little business in his study, all the time lying on the sofa, and covered up with his cloak. From that time till his death, he did not quit his study. From the 24th to the 27th, the official reports were—"the Emperor does not leave his bed, as he is somewhat feverish; the cough is getting less and less hard," &c. On Feb. 28th, he became rapidly worse, and at night the physicians feared "paralysis of the lungs," and gave up all hopes of his recovery. From the reported questions of the Emperor, it appears that he feared "atrophy" of the lungs, and death from suffocation. The following are the official bulletins, as published in the London journals, and the Medical Times and Gazette, March 17th:

"*St. Petersburg, March 1, 1 25 A.M.*—Yesterday violent fever manifested itself, with inflammation of the lungs. The fever lasted during the whole night, and prevented sleep. The ejections continue without obstacle. A slight attack of gout is observable."

"*March 2, 4 A.M.*—The difficulty of expectoration from which his Majesty the Emperor suffered yesterday, has increased, which indicates the extinction of the action of the lungs, and renders the state of his Majesty most dangerous."

"*March 2, 9 A.M.*—The state of paralysis of the lungs with which his Majesty the Emperor was menaced, continues, and at the same time the danger arising therefrom.

DR. MANDT,  
ENOCHIN,  
DR. KARELL."

His intellect and speech continued perfect till the moment of his death, which took place without a struggle about noon on March 2d.

The London Medical Times calls the above disease "capillary bronchitis," and speaks in contemptuous terms of the physicians in attendance (who were homeopaths), for using such terms as "paralysis" and "atrophy" of the lungs in connection with the Czar's death. The London Lancet also hints that the Czar fell a victim to the incapacity of his physicians, and thinks the official bulletins so absurd that it prefers to think them mere pretences to hide the real facts of the case, and possibly to conceal a secret scheme of poisoning. Now, without meaning to defend homeopathy, and firmly believing that an allopathic or common-sense treatment of the case would have resulted in recovery, or at any rate not have been followed by such speedy death, we still think that the terms "paralysis" and "atrophy" of the lungs were perfectly proper in this case—and that, if the bulletins are false,

they are skilfully contrived, and fully substantiate the alleged lesions.

To revert to the history of the case. The Czar had been suffering for a considerable time with "influenza"; this, like all epidemic fevers, is accompanied by debility and nervous depression altogether out of proportion to the amount of inflammation, the nervous centres being primarily and especially affected. This runs its course in from three days to a week: and in this case must have been complicated with bronchial inflammation, assuming the asthenic form, both from the natural tendency of the disease and from the preceding nervous prostration of the patient. After exposure, violent perspiration came on, which is frequently a critical evacuation in influenza. This was probably the turning point in the disease, and lesions, which an energetic and appropriate treatment might have remedied, were allowed to take their own deathward course, without any known active treatment, and avowedly under a homœopathic supervision, which is, to all intents and purposes, letting the disease take its course.

Capillary bronchitis, or bronchitis affecting the terminal air-cells, is rare in adults; is accompanied with highly inflammatory symptoms, dyspnea, pain and oppression, which were not complained of by the Czar. The firmness of his voice and the tranquil character of the symptoms are also quite inconsistent with capillary bronchitis or with pneumonia. The disease seemed rather a gradual weakening of the powers of life from nervous depression, accompanied by an accumulation of pulmonary secretions, increasing the difficulty of respiration and impeding the aeration of the blood, and by an inability to expectorate, both the consequence and the cause of the gradual extinction of the nervous energy—than an acute inflammation. But how does this substantiate pulmonary *paralysis* or *atrophy*?

The disease of the Czar was accompanied by profuse expectoration; as its character is not described, it is fair to infer that it was the usual viscid secretion of sub-acute bronchitis. The profuse expectoration, in a debilitated subject, would cause more or less obstruction to the entrance of air into the smaller bronchi, and increasing obstruction according as the cough became less strong and less able to expel it. The efforts of *inspiration* are always less strong than those of *expiration*, the latter being assisted by the impulse of cough, while the former must depend on the muscles which dilate the chest. Though *ordinary inspiration* is more of a muscular act than *ordinary expiration*, the *forced expiratory act* has been found by actual experiment to be one third more powerful than the extreme *force of inspiration*; clinical experience also shows that the principal difficulty in bronchitis accompanied by profuse expectoration, is during *inspiration*, as contrasted with the merely *accelerated respiration* of pure pneumonia. Pathologists had long noticed in adults portions of lung, circumscribed or diffused, so condensed as easily to sink in water, and

yet presenting none of the appearances of inflammation or of atrophy from structural disease ; resembling the unexpanded parts of a foetal lung. This condition was first accurately described and explained by Dr. W. T. Gairdner, in one of the Edinburgh journals, in 1850. He called it "bronchial collapse," and to it he refers the so called "lobular pneumonia" of children, many diffused forms of condensation referred to pneumonia in the adult, and the "carnification" of Laennec when not produced by pleuritic or other external pressure. In all cases of severe bronchitis, where the secretions are thick and ropy, this pulmonary "collapse" will be found ; presenting, instead of the granular aspect and cellular structures of pneumonic inflammation, the smooth appearance of muscular flesh and normal tissue. That there is no inflammatory exudation, is shown by the fact that such collapsed portions may be easily inflated, if recent ; while in the chronic forms this is impossible, as the parts have undergone a modification in their nutrition, causing a form of atrophy. This form of collapse, though common in children, is rare in the adult, unless in debilitated or typhoid conditions ; in the first of which the Czar certainly was. Dr. Fuchs (referred to by Dr. Gairdner) calls this condition "*apneumatosis*" ; he denies ever having seen a true pneumonic condensation in children under 5 years of age. From experiments given in this work, it resulted that the artificial obstruction of a bronchus always produced expulsion of the air from the part of the lung supplied by it, and the appearance of collapse ; and this partly from the comparative weakness of the inspiratory power ; and partly from the form of the bronchial tubes, gradually growing smaller, by which the expiration was enabled to remove the obstruction and expel the air, while inspiration drew it back and prevented the access of air. Thus the part must finally be perfectly collapsed, the air being expelled mechanically, and not from absorption by the bloodvessels as was formerly believed.

In the Czar's case were united the three principal causes of bronchial collapse ; viz., a great quantity of obstructing matters in the bronchi ; weakness of the inspiratory power, from the depressing action of his disease on the nervous system ; and inability, from the same cause, to expectorate fully the accumulated secretions. The force of the inspiratory power was also weakened in the Czar by tight lacing, carried, report says, to an extent seriously impeding the action of the intercostal muscles and diaphragm.

Pulmonary atrophy does not require tubercle, old hepatization, or other chronic structural changes, for its production. Chronic bronchial collapse was first acknowledged as a form of pulmonary atrophy by Dr. Stokes. The *senile atrophy*, of Magendie, with its complimentary lesion of emphysema in the opposite portions of the lung, is evidently the result of bronchial collapse, the predisposing and exciting causes being usually active in old persons. The Czar had had cough and bronchial

obstruction for some weeks before his death, which would be sufficient to produce collapse in a debilitated system; and, if the collapse was not removable by the ordinary powers of inspiration, and still less by a much-weakened respiratory force, it might be called, to all intents and purposes, "atrophy;" and it would be a true atrophy, if the force to fill out the parts with air were beyond the unaided natural powers. Atrophy, as far as respiration and aeration of the blood are concerned, truly exists where there is a simple disappearance of the air-cells, leaving only the fibrous basis, without any change of structure. Structural changes may come after, increasing the degree of the atrophy, but not changing the etiology of the lesion. In this sense we think the Czar may be justly said to have had "atrophy" of the lungs; whether partial or diffused, no post-mortem examination tells us, though probably the former, from the subacute character of his disease.

For the cure of such collapse, in ordinary cases, nothing is needed but an inspiratory power sufficiently strong to remove the obstructing mucus and allow a free entrance of air into the lung; but, as both the inspiratory and expiratory forces would be diffused in their action, not acting solely or chiefly on the local obstruction, relief could not be expected from this source alone. The most active agent for removing the obstructing mucus, is the slow peristaltic motion of the circular muscular fibres of the bronchi themselves; this involuntary contraction depends on nervous influence supplied by the pneumogastric nerve. Here we come to the question of "paralysis" in the case of the Czar. In addition to the weakened respiratory forces, there must also have been, from the condition of his nervous system, a diminution of the nervous force presiding over this deobstruent property of the bronchial tubes, causing an accumulation of mucus and threatened suffocation from this source—and finally death from "paralysis," or suspension of the functions of the pneumogastric nerve. This nerve presides, also, according to Brown-Séquard's recent experiments, over the contractions of the small vessels of the lungs; their section, or suspension of their influence from any cause, acting on the nerves or their central origin, produces dilatation from "paralysis," and consequent stagnation of the pulmonary circulation. This was an additional probable cause of the gradual extinction of the vital power, by the action of an imperfectly aerated blood on the nervous centres.

Under such circumstances, what should have been the treatment? Evidently, stimulant emetics to remove the obstructing secretions without consequent depression—stimulating expectorants, like squills, senega, and ammoniac—camphor; quinine; general and nervous stimulants—galvanism; and similar remedies to cause a free removal and diminution of the secreted matters, and to arouse the slumbering energies of the nerves proceeding from the respiratory tract of the medulla oblongata, and, finally, strychnine.

Were such remedies used? None but his physicians know. If

they were not, the Czar adds another to the long list of illustrious victims to medical incapacity. But whatever the treatment, if the official bulletins mean anything and are not mere shams to hide a dark tragedy, we accept the diagnosis of his physicians of "pulmonary atrophy" and "paralysis," rather than that of "capillary bronchitis."

April 7, 1855.

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#### PLACENTAL PRESENTATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—I know not whether a history of the following cases of placental presentations is worth publishing, but as the subject has, of late, been repeatedly brought before the public in the pages of the Journal, I have concluded to send it in as concise a form as possible, leaving it to your choice to publish or burn it. These cases make up a catalogue of all that have occurred to me in my practice of forty-four years, consisting of about 3500 cases.

CASE I.—Mrs. P——, living about five miles from my dwelling, sent for me in haste, as she was said to be in labor, if I recollect rightly, with her second child, and that an alarming hemorrhage was present, endangering her life. This was on the morning of the 27th of August, 1816. I learned that one week previously to my visit, she had employed a Dr. W——, who, to make sure of a living, had added to his professional business, in company with another, a dry goods establishment. He found her suffering with dangerous flooding, and, I suppose, concluding with Falstaff, that "discretion is the better part of valor," he left her, with a strict and positive injunction not to call on him again, as he had an abundance of other matters to attend to. During most of the time between his visit and mine, she had slight labor pains, accompanied with more or less flooding, and was pretty well bleached and exhausted. I immediately examined and found the placenta protruding into the vagina, and the os uteri almost fully dilated. The pains were of the most feeble and inefficient kind. I was not many seconds in making up my mind as to what was to be done, nor of the manner in which it ought to be done. On introducing my hand into the vagina, the whole of the placenta slid forward, so that I grasped it and withdrew the hand still holding the placenta, and laid it aside, without, of course, taking the trouble of tying the funis, and, without the least delay, I introduced my hand into the uterus, and found very little difficulty in grasping the feet, turning and delivering. The uterus contracted favorably, and the patient, though exhibiting the most ghastly appearance, recovered as favorably and as rapidly as in ordinary cases.

CASE II.—This was the wife of a Mr. R——, who lived but a few rods from me. She first came under my treatment on the 16th day of May, 1819. She was about six months pregnant with

her fourth child. I found her with hemorrhage from the uterus. I bled her and gave pills of acetate of lead, and left her without making any special examination. The flooding returned at intervals oftener repeated, in spite of a constant use of the tampon, as well as all the usual internal remedies for a number of weeks, during which time I had satisfied myself, by examination per vaginam, that the placenta was fully attached over the os uteri, and the case was watched with the most intense solicitude till the 14th of July following, when I was called in great haste, as my patient was represented to be sinking under a sudden gush of blood that greatly alarmed the family and neighbors. No labor pains had occurred, but I found the os in a situation that, I thought, warranted an attempt at delivery. I succeeded with far less difficulty in dilating than I had anticipated, and perforated the placenta through its thickest part; then turned and delivered with perfect safety to the mother, but not to the child, and the patient had a good getting up.

CASE III.—Mrs. —— had employed, on the 5th of June, 1841, a Dr. ——, who has since learned the “art and mystery” of the uroscopian, or, as he chose to call it, the “German Practice.” That, however, not comporting altogether with his finances, he has more recently assumed the cognomen of an eclectic physician, which, it is presumed, answers his purpose much better. If not a genuine disciple of Falstaff, he very sagely concluded, I suppose, that

“He that fights and runs away,  
May live to fight another day,”

for he “vamosed,” as they informed me, assuring the family that the woman would not be confined till the *moon changed*. The family, however, having no faith in “moon shine,” did not like to wait so long under the circumstances, and called on Dr. J. W. Palmer, who found the patient with dangerous flooding. She had gone her full time, had labor pains though feeble, and all the effect they produced was to increase the hemorrhage. Dr. P. examined and found the placenta presenting, and immediately requested my assistance. I found the flooding had already nearly prostrated her. The os was dilated to about two thirds its full size. There was not, as we both thought, any choice of measures to be pursued. The husband and attendants were informed of the nature of the case. I immediately sat down to the unwelcome task, and in about twenty or thirty minutes, at farthest, completed the dilatation, perforated the placenta, turned and delivered with the utmost ease, and perfect safety to both mother and child. The placenta separated kindly, the uterus contracted, and nothing untoward took place in the recovery.

CASE IV.—This was a Mrs. T——, in her first labor. She had gone her full time, and was the patient of Dr. J. Q. Howe, of the village of Vienna, who was early aware of the nature of the case, and of the difficulty and danger that attended it; and as he was *comparatively* young in the practice, chose not to encoun-

ter all the difficulties that he justly apprehended would attend, and the final result, and requested my assistance. The labor had continued a day or two, more or less, the dilatation proceeded slowly, the hemorrhage had become both alarming and exhausting to the patient's strength; and she was sinking very fast. The opening of the os was about the size of a dollar. I proceeded to complete the dilatation, which was of course attended with some difficulty. I then carried my hand up between the placenta and uterus, and grasped the feet; but from the rigidity of the parts I met with more trouble in turning, and in effecting the delivery, in this, than in any former case. The result was a living and healthy child, and a happy recovery for the mother.

CASE V.—Mrs. T—— called for me on the night of the 22d of February, 1853. I found her in a log-hut, surrounded by pine woods. The weather was cold, the room unwarmed and rather poorly lighted, the people were poor, and rather of the ignorant class, and it was not without much trouble that a clue to the nature of the case could be obtained. She was sitting up in the middle of the bed, and while I was endeavoring to draw out two ideas that would hold together, she fainted and fell on her back on the bed. Suspecting the cause, without so much as saying "by your leave," I instantly made a full examination by the vagina, and found, to my chagrin, that the placenta was the presenting part, and that a dangerous flooding had already prostrated my poor patient to an alarming state, and that nothing was to be hoped for from any delay. Worst of all, the os uteri had barely commenced to dilate, not admitting the end of the finger, but it was very soft and easy to be dilated. I found some difficulty in forcing my finger into the os at first. It was so far relaxed that I proceeded without any delay to dilate, and effected the delivery in about an hour. I met with rather unusual trouble in the delivery of the head, and it was so long detained in the pelvis that it was stillborn. The placenta was perforated in the operation, and it adhered to the surface of the uterus and had to be separated wholly by art, after which the uterus contracted favorably, as I thought, and I went home in about an hour after, fully satisfied with the result of my efforts in this truly perplexing and unprofitable case. I heard no more from my patient for two days, when the husband called on me, being partly intoxicated, and said, in a careless way, that his wife did not get along so fast as she could wish, and would be glad to see me. This was about 3 or 4 o'clock in the afternoon. I repaired to the place without any delay, and found my patient *dead*. They informed me that she was taken with flooding early in the morning; that they immediately despatched her husband in haste for me, charging him to make no delay, but, instead of hurrying, as he was directed, he had spent the intermediate time in taking his potations at the tavern, and while thus engaged, his wife died.

CALEB BANNISTER, M.D.

*Phelps, Ont. Co., N.Y., March 27, 1855.*

## ABSCESS OF THE TIBIA.

[Communicated for the Boston Medical and Surgical Journal.]

**MESSRS. EDITORS,—**In March, 1854, I saw John Neish, of a light complexion and scrofulous appearance. He had a "fever-sore" when a boy, and probably necrosis. He was aged 32, and had been treated for rheumatism during six months by different physicians before I saw him. I found him pale, weak, and without appetite. Paroxysms of pain were very intense and often repeated—ranging from his hip to his ankle. His emaciation was great, and pain extreme.

Having considered the symptoms, I pronounced his disease abscess of the tibia. I greatly feared the disease might have extended somewhat in the cancellated structure of the bone, towards its ends, breaking down or dissolving its delicate net-work, owing to his weak and greatly-impaired constitution. In place of the trephine, I took the common gimlet. Having cut down upon the flat side of the tibia, I put on my sharp gimlet, and bored down to the centre of the bone. The operation was somewhat painful. About a teaspoonful of matter followed the withdrawal of the instrument. One most extraordinary paroxysm of pain followed some hours after the operation, and since that time he has had no pain in the leg. The discharge gradually lessened and stopped. Tonics and *full diet* were directed, and he soon recovered. He works regularly on his farm, and has to this day had no return of the malady.

I am yours truly,

*Delhi, Del. Co., N. Y., April, 1855.*

FERRIS JACOBS, M.D.

## TWO CASES OF SUPPOSED MALIGNANT GROWTHS, REMOVED BY OPERATION.

[THE following account of two cases, treated by Dr. William J. Wheeler, of Chelsea, the specimens of which were shown at the last meeting of the Suffolk District Medical Society, as reported in our last number, has been furnished us for publication.—Eds.]

CASE I. was that of a lady aged about 45, who presented herself with a large tumor, situated upon the anterior and outer side of the knee-joint. The tumor was as large as a goose egg, but more round in shape. It had an elastic, and almost a fluctuating feel at points. It seemed slightly movable, and not implicating the cavity of the joint. It was also very vascular, the skin in places was of a purple hue, and the subcutaneous veins enlarged and tortuous. On the most prominent point was an ulcer, about as large as a quarter of a dollar, with a rank fungoid growth shooting from its surface, the seat of a profuse hemorrhage at short intervals, causing fainting. This tumor was about eight years in attaining its present size, and will weigh nearly sixteen ounces. Dr. Wheeler, with the assistance of Drs. Davis and Thorndike, removed the mass without

injury to the joint. The tumor proved to be truly encephaloid in character. The wound healed kindly, and the patient recovered the use of her limb, and has regained her usual health. One year and a half has elapsed since the removal, and as yet there is no appearance of a return of the disease.

**CASE II.**—Dr. Wheeler exhibited quite a large tumor taken from the neck and face of a lady, about 63 years of age. Her general health was good, and had always been so. The disease was first perceived about twenty years since, as a small tumor just in front of the lobulus of the right ear, gradually extending in its growth upward and forward on the face and cheek, also passing backward, so as to fill up the mastoid space behind the angle of the jaw, thus forcing upward the external ear, and pressing upon the auditory canal. The inconvenience it occasioned, as well as the fear of a future increase in size, and farther encroachment upon the important parts of this region, rendered its extirpation desirable. Dr. Wheeler, with the assistance of Drs. Thorndike and Davis, removed the tumor from its bed, without injury to the vessels and nerves which were exposed in this locality. The tumor was slightly movable, and invested with a distinct capsule. From its general appearance on cutting it open, it was at first supposed to be encephaloid in character; but at a future examination, Dr. C. Ellis thought that its microscopical appearance (though somewhat unsatisfactory from the condition of the specimen) rather indicated it to be of a fibro-plastic nature. It is fourteen days since the operation; the patient is doing well, and has no facial paralysis.

#### ON CARCINOMATOUS DISEASE OF THE CAVITY, BODY AND FUNDUS OF THE UTERUS, THE CERVIX BEING UNAFFECTED.

[We are obliged to omit, in the following extract from Professor Simpson's forthcoming work, some of the cases given by him from his extensive practice.—Eds.]

Most pathologists and practitioners have laid it down that the cervix uteri is always, or almost always, the portion of the uterus that is first and principally affected in cases of cancer.

In a preceding page, we have seen Rokitansky stating that cancer of the uterus "always attacks the cervix in the first instance." "Cancer of the uterus," observes Dr. Walshe, "almost invariably originates in the cervix." In describing carcinoma uteri in his work on the Diseases of Females, Sir Charles Clarke remarks, "This disease attacks only in the first instance the cervix of the uterus, and the author," he adds, "lays great stress on this observation." "The cancerous action," according to Dr. Francis Ramsbotham, "first assails the tissues of the os and cervix uteri. I believe," he continues, "this is invariably the case."

Such strong statements are liable to mislead the practitioner, and to cause, ever and anon, errors in diagnosis and prognosis. No

doubt, the cervix of the uterus is much more frequently the seat of carcinomatous disease than the cavity of the organ or the tissues of the body and fundus. But I have been myself deceived, and have seen others deceived by the common belief that cancerous affections never originate in the cavity, body, or fundus of the uterus, and without the cervix being primarily or cotemporaneously attacked. In the course of practice, I have seen, on the contrary, a very considerable number of instances in which carcinomatous disease, when affecting the uterus, has primarily sprung up in the cavity of the organ, or in the walls of the fundus or body, and in which the tissues of the cervix have remained sound to the last, or at most been only affected secondarily.

Carcinoma, when it attacks the cavity, body or fundus of the uterus, may appear under different types or forms. The principal varieties of it which I have had occasion to observe in practice are the following :—

1. When carcinomatous disease attacks the cavity of the uterus, it sometimes presents the form of an irregular, flat, or roundish fungoid *excrescence*, attached by a broad basis to a greater or less extent of the interior of the organ.

CASE.—The first decided instance of this kind which I had an opportunity of seeing was in an unmarried lady, 40 years of age, the sister of a distinguished English physician. For many months she had suffered under a constant and copious discharge of watery fluid from the genital canals, with occasional slight hemorrhage and gradual emaciation ; but there was no local pelvic pain or suffering. She was for some time under the care of an esteemed obstetric practitioner here—a friend of her brother—and a great variety of applications were employed by him to arrest the profuse serous discharge. These applications had been all made to the surfaces of the vagina and cervix uteri ; but without any effect on the copious morbid secretion. When I saw the patient with her physician and relative—as there was apparently no diseased state of the vaginal canal or cervix uteri, I suggested the introduction of a sponge-tent into the os uteri, with a view of shutting up that aperture for a time, and thus ascertaining if the abundant watery secretion did not proceed from the cavity of the uterus itself. As long as the tent remained in the os uteri the discharge was arrested—a phenomenon not observed for many months before ; and on withdrawing it there was a copious rush of the characteristic clear fluid. The morbid source of it was thus proved to be some point or points in the interior of the uterine cavity. On opening up the os and cavity of the cervix more fully with sponge-tents, we were able to reach the edge of a rough tuberose excrescence, attached by a broad basis to the interior of apparently a great part of the cavity of the uterus. Small granular portions of it were easily detached by the finger or nail. It seemed to all of us a sessile carcinomatous or cauliflower growth in the cavity of the uterus. The discharge

continued and increased; and the patient ultimately sank under the usual course of cancer about eighteen months subsequently.

Since the above case I have seen several cases of the same nature, at different stages of their progress. Occasionally the os uteri was so open as to allow the carcinomatous structure springing up from the interior of the cavity, to be felt at once by the finger. In one or two instances, I have seen the carcinomatous fungus protruding through the os, sloughing and gangrenous from the stricture and compression of the circle of the os upon it. But in most instances the disease has been in an earlier stage; the patient complaining of watery and bloody discharge from the cavity of the uterus; and the true nature of the malady was not ascertained till the canal of the cervix was artificially dilated for the purpose of a more accurate diagnosis by the finger.

In some of these instances of carcinoma affecting the interior of the uterus, the whole bulk of the organ is little, if at all, increased beyond its natural dimensions, and the discharge is bloody rather than serous; but towards the termination of the disease, it begins to present the odor peculiar to cancer, with shreds and fragments of the cancerous tissue passing along with it.

2. Occasionally, cancer affects the cavity of the body and fundus of the uterus, in the form of carcinomatous *ulceration*, and without any appearance of excrescence and fungation.

I have seen this form of uterine cancer destroy life without any other complication. But more frequently, I have seen it result apparently as the effect of the long-continued irritation of a pediculated fibroid polypus upon the interior of the uterus.

CASE.—In a case of long-standing menorrhagia, after dilating the uterine canals with sponge-tents, I removed, in the presence of Dr. Arneth, of Vienna, a small, hard intra-uterine polypus, attached by a short pedicle to the fundus uteri. The menorrhagia, however, shortly afterwards returned, and the patient died with the usual symptoms of uterine cancer about eight months afterwards, the cervix remaining, however, still unaffected.

Let me observe in passing, that I have seen two or three well-marked instances of carcinoma of the cervix uteri follow apparently the irritation of a polypus when allowed to remain long without removal, even after the body of it had passed from the cavity of the uterus to the cavity of the vagina.

3. The soft or encephaloid variety of cancer sometimes affects the structures of the *fundus and body* of the uterus, without implicating the tissues of the cervix. In this variety of the disease the cancerous structure is seated in the walls of the fundus and body, and not in the cavity of the uterus. Sometimes the tumor reaches rapidly the size of an uterus at the fourth or fifth month of pregnancy. In this form there is not usually any menorrhagia or any peculiar discharge from the vagina. In the following instance, while the patient was under my care, hemorrhage accompanied it, but the hemorrhage was from the urinary, and not from the genital canals.

CASE.—An unmarried lady, 40 years of age, suffered for some time from pains in the back and lower extremities, particularly after exertion. When at last an examination was instituted by her physician in Dublin in 1851, a large tumor was found in the uterine region. Early in 1854 the tumor increased much and rapidly in size, and when I saw her soon after, it already reached half way between the pubis and umbilicus. But still there was no appearance of general cachexia observable. After a few weeks the morbid structure again suddenly assumed a rapid growth; a dark, sanguous, and bloody discharge was passed from the bladder; and the patient sank exhausted in the course of a few days.

On laying open the abdominal cavity, the omentum was found adherent to a morbid mass, reaching from the pelvis to a point higher than the umbilicus. This mass or tumor was covered by large tortuous vessels; had a soft general consistence; and near the summit it was broken down and pulpy, and had evidently all but burst into the cavity of the peritoneum. The whole, fundus and anterior wall of the uterus was implicated in the structure; but the cervix and tissues immediately surrounding it were free from morbid deposit, except in the form of two or three minute nodules. The bladder, however, was perforated posteriorly, and a portion of dark fungus from the uterine tumor projected into its cavity. The tumor, which was carefully examined, had all the characteristics of the encephaloid or haematoïd variety of cancer. The cavity of the uterus presented no appearance of the disease, while the structure of the anterior wall and fundus of the organ were lost and merged in the encephaloid mass itself.

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY WM. W. MORLAND, M.D., SECRETARY.

FEB. 12.—*Paralysis of the Third Right Nerve.* DR. BETHUNE. A gentleman between 35 and 40 years of age, applied for advice on the 8th ult. He stated that about a fortnight since, after being at the opera and using a glass during the evening, he was exposed to severe cold in crossing a ferry.

The next morning he found himself affected with double vision, but at that time observed no other aberration from the natural state of the eyes. In a day or two, however, he was entirely unable to raise the right upper lid, and the eye itself became everted and immovable. In this state he still continued. His health, which is generally good, remains unaffected. On examination, the left eye appears well. The right eye is partially closed by the drooping upper lid. The ball is everted and incapable of movement. The pupil much dilated and fixed. The sight with either eye is hardly affected, but is somewhat weaker on use with the right. A pin-hole aperture, placed over the dilated pupil, somewhat improves the distinctness of vision in the affected eye.

The disease in this case is evidently mainly in the third nerve. Whether

any other nerve is involved may be a question. Mr. Walker, of Manchester, one of the most able and acute writers on the physiology of the eye, is of opinion that the circular fibres of the iris, which tend to close the pupil, are under the control of the fifth nerve. He says that it is indeed found, that in *some* cases of paralysis of the third nerve, the pupil is dilated, which at first sight would appear as if the circular fibres were under its influence. But he accounts for this by the circumstance that the iris is composed of antagonizing fibres, and that a condition of the healthy action of either must be that its opposing fibres must also act. As therefore in these cases, the pupil is found sometimes dilated and sometimes contracted, he thinks that it is simply passive, and that its size will depend on its *usual size* in the individual.—In this case, the pupil seemed to Dr. B. too large to make this explanation satisfactory.

FEB. 12.—*Twins: First Pregnancy. Delivery of both Children by Forceps.* DR. PUTNAM reported the case of a patient, at 32, whose labor commenced Feb. 1, at 3 o'clock, A. M. The liquor amnii was discharged at noon, on the 2d. The os uteri dilated very slowly, and there was heat and dryness until evening, when, under the influence of ether, the secretions were immediately increased and the heat abated. The head slowly advanced until the forenoon of the 3d, when it became fixed—its long diameter being nearly opposed to the short diameter of the outlet. Having waited three or four hours, Dr. P. delivered with the forceps. A few minutes after removal of the child, Dr. P. found it necessary to apply a ligature upon the placental portion of the funis from which blood was issuing freely.

After waiting an hour, the membranes being quite tense, they were ruptured, but the head not advancing, Dr. P. delivered the second child also with the forceps. Both children and mother did well.

The chief points of interest in the case, are  
 1st, The mal-presentation.  
 2dly, The free secretions and dilatation induced by ether.  
 3dly, The necessity of the forceps in both.  
 4th, The unusual size—one weighing 8 lbs., the other  $7\frac{3}{4}$ .  
 5th, The bleeding from the funis, probably owing to vascular communication between the placentæ.

Dr. P. was led to remark upon this fact, because some practitioners are in the habit of tying the placental as well as the foetal extremity of the divided funis in all cases of single births. Dr. P. thought this practice not only unnecessary but objectionable, inasmuch as the removal of the placenta is very much facilitated by allowing the escape of its blood from the funis.

FEB. 12.—The following specimens were shown by DR. J. B. S. JACKSON.  
 1. *Ulceration of the Oesophagus.* The disease commences about half an inch from the stomach, and extends upwards about four inches, involving almost the entire circumference of the canal. It is well-defined, with little or no thickening or induration, penetrating quite through the muscular coat, and altogether foul, although nowhere cancerous, in appearance. The oesophagus, above the disease, was neither dilated nor thickened; and the organs otherwise were sufficiently well, excepting a chronic tubercular affection of one lung.

The patient was a small, thin man, 68 years of age, and had complained of a sense of distress, with pain beneath the lower end of the sternum, for more than a year past. For the last year there has been at the same place a sense of obstruction, with an increase of the distress when he swallowed solid food; and for the last three months he could swallow only liquids.

During the last six months his food would stop, and after causing him for a time much uneasiness, would at last be rejected; less frequently it would pass down into the stomach. In the erect position he swallowed much more easily than when lying down or reclining. Foul matter was also often regurgitated during the last three or four months, apparently from the seat of the disease. For the last six months he vomited occasionally, and more as his disease progressed; sometimes after everything that he took, and sometimes not for three or four days; food was thrown up and occasionally bile, with much nausea. The appetite very small; and towards the last he lived upon milk and stimulants. Breath occasionally offensive. Bowels generally well, except when he took opiates. From the commencement of his disease he gave up his business, and for the last month was confined to his bed. Connected with the tubercular disease, there had been cough for the last twenty years; and since last winter it had much increased, and was attended with a thick expectoration.

Dr. J. remarked that if a probang had been passed, this case would probably have been regarded as one of stricture of the œsophagus. A recent specimen of this disease, in its simple form, he had never yet met with; he had seen several cases that were so diagnosticated during life, but on dissection they all proved to be cancerous disease, or ulceration having a very cancerous appearance; two of the cases were cancerous disease of the stomach. Dr. J. has never before met with disease of any kind at the lower extremity of the œsophagus, independently of disease of the stomach; nor has he ever seen in any part of the canal the form of ulceration that characterizes the present specimen. Again, if a probang had been passed, he thinks that it might have caught in the soft edges of the ulcer, and that inflammation of the surrounding cellular tissue might have resulted.

2. *Encephaloid Disease of the Uterus.*—The os tincæ and cervix were destroyed, with perhaps a portion of the body of the organ; and the whole upper part of the vagina was in a state of foul ulceration, there being a direct opening through into the bladder sufficiently large to admit the forefinger. Beneath the ulcerated surface there was in some parts a soft, white, encephaloid substance, but it was not generally found, and upon the cut surface of the body of the womb there was none of it distinctly seen. The uterus, otherwise, is healthy, excepting a small polypus that arises from near one of the fallopian tubes; ovaries not larger than in an octogenarian. The bladder was moderately contracted, generally dark-red upon the inner surface, and contained some pus. Posteriorly, a very thin and perfectly diseased structure was all that separated the ulcerated surface from the peritoneal cavity. This last appearance Dr. J. has often noticed in cases of cancer of the womb, and it would be naturally expected that perforation might occur; a few years ago he had heard some one remark that such cases do often so terminate, but he has never yet, himself, met with this result. It might, however, be very readily induced by the introduction of a speculum; an instrument which, however invaluable it is, is too often abused. The ureters were dilated, as they so often are in these cases; the indurated tissues pressing upon them at their entrance into the bladder, and retarding the flow of the urine, as the portal veins are pressed upon in the case of granulated liver. At its upper extremity, one of these canals is dilated to nearly half the size of the fist; the kidney itself being thin from dilatation, but not enlarged. The other organs were quite free from cancerous disease, as usual in these cases.

The patient was a widow, 55 years of age, who had been insane for three

years; being maniacal at first, but settling towards the last into imbecility. In connection with this state of mind, there were found the appearances that have usually been observed here; a firm and rather dark brain, and some opacity of the arachnoid over the convexity, with serous effusion beneath. The arch of the colon also dipped down into the pelvis; which, according to Prichard,\* is "one of the most remarkable changes yet observed in the abdomen in cases of insanity." This "singular displacement" was first pointed out by Esquirol. During the last three weeks there was epilepsy in a very severe form; the paroxysms being sometimes almost continuous. About six months ago she began to complain of pain about the pelvis, and for the last three months the nature of the case had been pretty certain; an examination two months ago, with the aid of the speculum, putting beyond doubt the existence of cancer of the womb. The pain continued, and was so severe as at one time to require six grs. of morphine daily for its relief. The discharge was abundant, and latterly, offensive; but there was never any haemorrhage. This last symptom seems to be generally regarded as one of the most constant in cancer of the womb; but Dr. J. thinks that it is not unfrequently slight, or even entirely wanting. The absence of it in the encephaloid form of cancer is perhaps more remarkable than it would be in some other cases. The dysuria was considerable, but it was less than we should have expected where the bladder was so extensively involved; the urine was, of course, discharged through the vagina for some time before death. There was in fact more pain in defecation than in micturition; though the rectum itself was quite healthy. Whether the uterine disease had anything to do with the epilepsy, is a question that is more easily suggested than answered.

3. *Very extensive ulceration of the mucous membrane of the large intestine, the result of acute inflammation.*—The patient from whom this specimen was taken was also insane. He was a man 48 years of age; and his mind having been somewhat affected for several years past, he gave up his business and was removed from his family about seven weeks before his death. In connection with this part of his case, there were found the same appearances in the brain and membranes as in the last patient; besides a considerable serous effusion into the ventricles, and some ossific deposit in the dura mater. About ten days before death there came on a diarrhoea, under which, from the first, he was very much prostrated. There were not, however, more than two or three discharges daily, on an average, until the last day or two, when they became exceedingly frequent; they were small, liquid, of sufficiently natural color, with very little mucus, and only a trace of blood on one day. The discharges never had a dysenteric character, but there was considerable tenesmus and a moderate amount of pain. Opiates and stimulants were used, although never in large quantities.

On dissection, the mucous membrane was found to be entirely destroyed throughout the greater part of the large intestine. In the cæcum there was extensive and defined ulceration, but the mucous membrane, so far as it remained, looked sufficiently healthy; in the ascending colon the ulceration was more extensive, and the membrane was of a deep-red color; further on the ulceration was so far continuous that islands only of mucous membrane, as they have been called, remained, and these had generally the same deep-red color, and soft, shining, elevated, fungous appearance. On reaching the arch of the colon, these islands had disappeared, and beyond

\* Prichard on Insanity, p. 230.

this there was continuous ulceration as far as where the intestine was cut off, low down in the pelvis. Where the ulceration was only partial in and towards the cæcum, it showed that it was recent, as compared with the disease beyond. The edges of the ulcers, or rather of the remaining patches of mucous membrane are said to be defined, and many of them were so to the last; but there were other patches, that as they became quite small, changed or melted away so gradually that it was impossible to say just where the ulceration commenced. The thickened sub-mucous cellular tissue, then, formed the inner surface of nearly the whole of the large intestine. No lymph adhered to this inner surface; there was no blood in the intestine, little or no mucus, and in fact nothing more than a little liquid of a healthy faecal color. The mucous membrane of the last foot of the ileum was inflamed, and there was some lymph upon it, but it was not ulcerated. Above this the intestine was healthy.

Dr. J. remarked that the appearances on dissection here, were such as are not unfrequently seen in cases of dysentery, although the discharges were not characteristic of this disease. He had described these appearances somewhat minutely, as he believed that the ulcerated surface was not unfrequently mistaken for a diseased mucous membrane; whereas the membrane seems to be quite destroyed. In the first case of the kind which he had seen, and it was many years ago, this mistake was made, and the few islands of mucous membrane that remained were regarded as fungous growths. So extensive a destruction of the membrane can hardly be realized; and yet there can be no doubt that it often takes place to a considerable extent in cases of dysentery that recover; an adventitious mucous membrane or surface being formed, and probably without any great degree of contraction of the cellular tissue.

4. *Tubercular Disease Inactive or Arrested.*—The lungs from the last patient were exhibited, in the apices of which were appearances that Dr. J. attributed to a former and probably somewhat extensive tubercular disease. Upon the surface were extensive and deep puckering, with a general irregularity of the surface and old adhesions; upon incision there was seen a considerable amount of dark-gray and apparently cellular tissue, interspersed with healthy tissue, a few small cavities, a few small, old, tubercular masses, and miliary granulations. About fifteen years ago the subject of this case went to the South on a military excursion, and was sick for about a year afterwards, with consumptive symptoms; also during the last summer he had a slight cough and expectoration, but it scarcely attracted any attention. Dr. J. supposes that a considerable portion of the tubercular deposit may have taken place within the last year, judging from its recent appearance; and, so far, the case is interesting from the comparative latency of the disease. The other appearances, however, above referred to, are more interesting, as they can hardly be explained except upon the supposition of there having been at some former time a very considerable tubercular deposit, which may have been partly absorbed without going on to softening, and may have in part resulted in one or more cavities; these last discharging themselves, and, as they cicatrized, puckering or drawing in the surface of the lung, as we see in so many analogous cases. It is a strongly-marked case of what we so frequently observe, in some degree, in persons dying of disease foreign to the lungs; and which tends to show that the tubercular deposit, though so generally progressive, is often arrested in its progress.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 19, 1855.

## AMERICAN MEDICAL ASSOCIATION.

THE committee of arrangements are actively engaged in making preparations for the eighth annual meeting of the Association, which will be held in Philadelphia, on Tuesday, May 1st, in the Musical Fund Hall, at 11 o'clock, A.M. The committee will be in session on Saturday, April 28th, at the College of Physicians and Surgeons, in Spruce st., and on Monday, April 30th, at the Musical Hall, to receive and verify credentials, and register the delegates. From the central position of Philadelphia, and the great attractions which that city offers to medical men, we presume that the meeting will be unusually large. The beneficial effects of the Association have already been widely manifested in the elevated character of the profession, the valuable papers which have been published in the volumes of its Transactions, the efforts making to improve the condition of medical education among us, and the harmony and good will manifested among physicians in distant sections of our country. Long may it flourish to spread these blessings among us, and far distant be the day when politics and sectional jealousy shall interfere to check the progress of science and degrade the medical profession in America! It is only by improving the condition of the healing art that we can hope to eradicate the numerous forms of empiricism so widely spread in our country, and obtain the confidence of the public in return for the labors and anxieties attendant on the practice of medicine. To this end we must look in no small degree to the devotion and disinterestedness of members of the Association.

## HOMOEOPATHIC PROFESSORSHIP IN THE UNIVERSITY OF MICHIGAN.

UNDER the head of "Innovation," a correspondent, in a late number of this Journal, called our attention to the fact of the establishment by the Legislature of Michigan of a chair of Homœopathy in the University of that State, adding some sensible and judicious remarks relative to the effect of this proceeding on the medical profession, and on the public. We felt sure that the people of Michigan would never assent to so gross an insult on our profession, and so serious an evil to themselves. It was with pleasure, therefore, that we read the following communication which lately appeared in a New York daily, and which, from the signature, we presume to have been written by the author of the article on "tuberculosis," which appeared in the second number of the present volume of this Journal.

*To the Editor of the New York Daily Times.*

In your paper of the 3d inst., you state that at the recent session of the Legislature of Michigan an act was passed, establishing a chair of homœopathy in the State University. Though by no means disposed to find fault with the spirit manifested, your article gives a wrong impression as to the matter of fact. It is true that an act was passed in an inconsiderate manner providing in terms for such a chair in the institution, but it is also true that the Constitution of the State having provided for the control of the University by a Board of Regents elected by the people (one in each judicial district, and holding their offices for six years), the Legislature have only an advisory power in the case, and that the Regents being men of sense and independence, having studied the interest of the subject of their charge, and feeling a desire for its honor and success, see no reason for complying with the recommendation.

They have, however, appointed a Committee of their body to examine the subject of the feasibility of connecting homœopathy with rational medicine in the same school, which will involve an investigation of the doctrines and practices of the system—its history, tendencies, &c.; and it is expected that a report will be made to the next Legislature, which will, doubtless, throw much light upon the subject, and, it is hoped, will settle it in the minds of all unprejudiced men.

The public may rest assured that no such appointment will be made until the Regents are convinced of its propriety, and those who know these gentlemen will well understand what sort of evidence they will require. And those who understand homœopathy and its present condition both in this country and Europe, may be able to judge of the prospects of such an appointment as the one referred to.

By presenting in your widely-circulated paper the true state of the case, you will much oblige many in

MICHIGAN.

*Medical Miscellany.*—Tartar emetic, given secretly, in doses of from five to ten grains, is recommended by Dr. Gilbert, in the London Lancet, as a remedy for drunkenness.—Apiol, the immediate or active principle of parsley, is suggested as a substitute for quinine.—A new Hospital for Diseases of the Chest is open at Victoria Park, London.—A book is about to be published in Philadelphia, comprising a History of the American Medical Association, with portraits of its Presidents.—There are now 298 inmates in the Deer Island (Boston) Hospital.—Prof. Agassiz, of Harvard University, Cambridge, has been offered a professorship in the University of Edinburgh, in the place of Prof. Forbes, deceased.—There were admitted to the Charity Hospital, New Orleans, during the month of March, 766 patients. Discharged, 653; died, 106.—At the stated meeting of the New York Academy of Medicine, March 7th, Drs. J. Guggenbuhl, of Abenberg, Interlachen, Switzerland; F. Rilliet, of Geneva, Switzerland; E. Barthez, of Paris; and Jacob Bigelow, of Boston, were elected corresponding fellows of the Academy.—Dr. Clark recently presented to the New York Pathological Society, statistics showing that the mortality of children under five years of age is nearly twice as great in that city, in proportion to the population, as it was fifty years ago.

#### NOTICES.

*Communications received.*—On Dental Hemorrhage.—On Sedatives for the Sexual Organs.—A New Method of treating Fractured Clavicle.—On Smallpox, Contagion, &c. (We must receive the name of the author of this paper, before we can publish it.)

*Books and Pamphlets.*—Ashwell on the Diseases of Females: Philadelphia: Blanchard & Lea: 1855. From the Publishers—On the Cause, Nature, Cure and Prevention of Epidemic Cholera, by M. L. Knapp, M.D.

**MARRIED.**—Edward S. Hoffman, M.D., of New York, to Gertrude E. Bronson, of Florida.

**DIED.**—At North Stonington, Conn., Thomas P. Wattles, M.D., an aged and highly respectable physician.—At Hartford, March 14th, Dr. George Leo Wolf, aged 40, late of New York.—At Ward's Island, N. Y., of typhus fever, Dr. Rudd, one of the resident physicians.—At Philadelphia, March 11th, Dr. John S. Lester, aged 56.—At La Fayette, La., recently, Dr. E. Deming, aged 58, late Professor of Pathology, Anatomy and Clinical Medicine, in the University of Missouri.—At Paris, France, March 4th, of acute peritonitis, Richard S. Kissam, aged 20, son of Dr. R. S. Kissam, of New York, a youth of high promise.

*Deaths in Boston* for the week ending Saturday noon, April 14th, 80. **Males.** 58—**females,** 42. Accident, 1—Inflammation of the brain, 2—Congestion of the brain, 2—Consumption, 21—Cholera infantum, 1—Croup, 3—Cancer, 2—Dropsy, 2—Dropsey in the head, 2—Puerperal, 1—Typhoid fever, 1—Scarlet fever, 5—Disease of the heart, 2—Homicide, 1—Intemperance, 1—Inflammation of the lungs, 4—Congestion of the lungs, 1—Neuralgia, 1—Old age, 3—Pleurisy, 2—Palsy, 2—Rheumatism, 1—Smallpox, 5—Suicide, 1—Inflammation of the stomach, 1—Teething, 3—Unknown, 7—Worms, 2.

Under 5 years, 30—Between 5 and 20 years, 7—Between 20 and 40 years, 24—Between 40 and 60 years, 10—Above 60 years, 9. Born in the United States, 53—Ireland, 22—England, 2—Germany, 2—British Provinces, 1.

*Keloid Disease.*—Two cases of this peculiar disease—so well described by Dr. Slade in the last number of the Journal—are reported in the London *Lancet* as existing in Guy's Hospital, the beginning of March. One of the cases had been under treatment 18 weeks, but no impression had been made on the malady. The patient was a male, aged 36, the diseased part on the left arm and fore-arm appearing like the cicatrix of a large burn, and of a leather-like hardness—or as if a bad erysipelas had been turned into cartilage or bone. Warm baths, liquor potassæ internally, decoction of sarsaparilla, hydrochloric acid, and chlorate of potash, had all been tried in the treatment. The resolution or softening down of the hard cellular membrane and skin, is the only hope of relief.

*University of Pennsylvania.*—The commencement of the Medical department of the Pennsylvania University took place recently at the Musical Fund Hall, Philadelphia. The room was crowded by a fashionable audience, the great majority being, as usual, ladies. The exercises were opened by prayer, after which the degree of Doctor of Medicine was conferred upon 178 graduates by Professor Veithake, Provost of the Institution.

The valedictory address to the graduating class was delivered by Robert E. Rogers, M.D., Professor of Chemistry. It was an able effort.

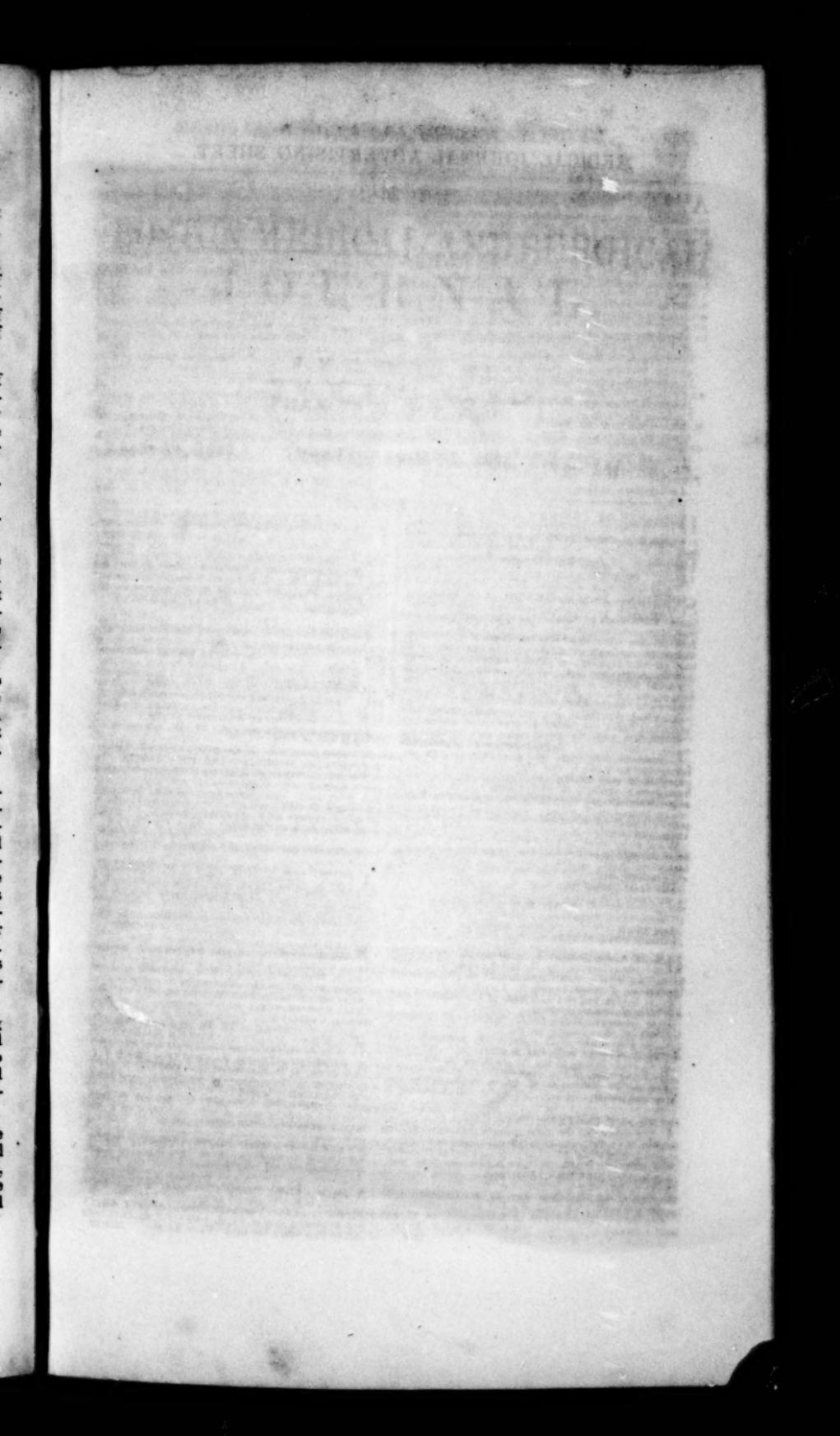
A band of music was in attendance, and enlivened the proceedings by the performance of a number of popular airs.

*Temperature of the Winter in England in 1855.*—The late frost has been the most continued and severe which has occurred in England since the year 1814. The state of the thermometer during the winter of that year, from a register kept by a medical gentleman at Richmond, shows that there were only two days' difference in the duration of these two remarkable frosts. In consequence of the late severe weather setting in nearly three weeks later than in 1814, its mean temperature has been more than 2 deg. higher. From the 4th to the 18th of January, 1814, the cold must have been dreadfully severe, as the temperature never rose so high as the freezing-point, day or night. It does not appear, however, there were such intense frosts as occurred on the mornings of February 11 and 19, 1855, when the lowest readings of the thermometer were 9 deg. and 12 deg. respectively, but 7 deg. and 8 deg. at the Royal Observatory, Greenwich.—*Med. Times and Gaz.* March 3, 1855.

*Treatment of Irritable Stomach in Phthisis.*—Several very pleasing cases, illustrative of the good effects of hydrocyanic acid and bismuth in the treatment of irritable stomach in phthisis, have recently been under observation among the out-patients at the City of London Hospital for Diseases of the Chest. The patients had been long subject to nausea and attacks of vomiting, and were quite unable to retain cod-liver oil on the stomach, very often rejecting also ordinary food. The mixture prescribed consisted of 3 minims of the hydrocyanic acid and 10 grains of the trisnitrate bismuth made into a draught with mucilage and green-mint-water, and taken thrice daily. By its aid several patients have got quite rid of their troublesome stomach symptoms, and are now taking the oil easily and with benefit. The class of cases best suited for this treatment are those in which the tongue is generally clean, and in which the disease is undue irritability rather than disordered function.—*Med. Times and Gaz.*

*Water Cushions.*—A good, but expensive, sort of bed (one of Hooper's) is being tried at St. Batholomew's by Mr. Stanley. It contains half air and half water, and seems to answer very well. The common air bed or cushion is found to be too hard; the common water bed or cushion, too soft and "boggy." In the water bed it is often found that the patient sinks down too much, as if in soft clay; to remedy this, Mr. Hooper is adopting the present bed.—*Lon. Lancet.*

*Scutari Hospital.*—The steam transports, "Imperial," and "New Pelton," have just left the London Docks fully laden with hospital stores, medicines and medical comforts for the East. The supplies by the former vessel are intended for Scutari, and contain the handsome present of 384 dozens of the best port wine from the merchants of Oporto, for the use of the hospital. The stores in the latter vessel are intended for the hospital about to be opened at Smyrna.—*Ibid.*





A. Sogrel on stone.

Printed by L. H. Bradford & Co.

BOSTON MED. & SURG. JOURNAL, APRIL 26. 1855, vol. 52, p. 229.